



# 20% DISCOUNT CARE APPLICATION

A Sempra Energy utility®

The Gas Company's California Alternate Rates for Energy (CARE) program provides a 20% discount on the monthly gas bill for eligible households. Those who qualify and are approved within 90 days of starting new gas service will also receive a \$15 discount on the Service Establishment Charge. The discount will be applied once your completed and signed application is approved by The Gas Company<sup>SM</sup>.

Please complete and return the application or apply online at [socialgas.com](http://socialgas.com) (Search "CARE")

### HOW TO QUALIFY FOR THE CARE DISCOUNT:

| <b>PUBLIC ASSISTANCE PROGRAMS:</b>  |
|---|
| If you or someone in your household participates in any of these programs:  |
| <ul style="list-style-type: none"> <li>Medicaid or Medi-Cal</li> <li>Healthy Families A&amp;B</li> <li>Women, Infants, &amp; Children (WIC)</li> <li>CalWORKs (TANF) or Tribal TANF</li> <li>Head Start Income Eligible - Tribal Only</li> <li>Bureau of Indian Affairs General Assistance</li> <li>CalFresh / SNAP (Food Stamps)</li> <li>National School Lunch Program (NSLP)</li> <li>Low Income Home Energy Assistance Program</li> <li>Supplemental Security Income (SSI)</li> </ul> |

OR

| <b>MAXIMUM HOUSEHOLD INCOME*:</b><br><i>(effective June 1, 2012 to May 31, 2013)</i> |                     |
|--|---------------------|
| *current household income from all sources before deductions                         |                     |
| Number of Persons in Household   | Total Annual Income |
| 1  | \$22,340            |
| 2  | \$30,260            |
| 3  | \$38,180            |
| 4  | \$46,100            |
| 5  | \$54,020            |
| 6  | \$61,940            |
| 7  | \$69,860            |
| 8  | \$77,780            |
| Each Additional Person   | +\$7,920            |

### CONDITIONS FOR PARTICIPATION

The gas bill must be in your name and the address must be your primary address. / You must not be claimed as a dependent on another person's income tax return other than your spouse. / You must recertify your application when requested. / You must notify The Gas Company within 30 days if you no longer qualify. / You may be asked to verify your eligibility for CARE.

### OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:

**Energy Savings Assistance Program:** Offers no-cost energy-saving home improvements such as ceiling insulation, door weather-stripping, caulking and minor home repairs to eligible low-income home-owners and renters. For more information, please call 1-800-331-7593.



**Medical Baseline:** Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.

**LIHEAP:** Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Dept. of Community Services and Development at 1-866-675-6623.

**California Lifeline:** A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

### FOR MORE INFORMATION ON CUSTOMER ASSISTANCE:

|          |                |            |                |             |                |
|----------|----------------|------------|----------------|-------------|----------------|
| English: | 1-800-427-2200 | Mandarin:  | 1-800-427-1429 | Spanish:    | 1-800-342-4545 |
| Korean:  | 1-800-427-0471 | Cantonese: | 1-800-427-1420 | Vietnamese: | 1-800-427-0478 |

Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)




A Sempra Energy utility®

# CARE 20% Rate Discount Application

Please use DARK ink and print clearly to ensure proper processing  
Correct way to mark circles: ●

Form 6491-D EN (06/12)  
THE GAS COMPANY  
CARE PROGRAM, ML GT19A1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249

|   |  |   |
|---|--|---|
| 1 | Customer Name<br>(as it appears on your bill): |   |
|   | Home Address<br>(street, city, zip):           |   |
|   | Account Number:                                | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
|   | Phone Number:                                  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|   | E-mail:  | <input type="text"/>  |

|  |  |  |   |  |  |  |   |   |  |  |  |  |   |  |
|--|--|--|---|--|--|--|---|---|--|--|--|--|---|--|
| 2  |  <b>Total # of adults and children in your household:</b> | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> If more than 6: <input type="text"/> |   |  |  |  |   |   |  |  |  |  |   |  |
|  | <b><u>Are you (or someone in your household) enrolled in any of the following assistance programs?</u></b>                                 |  |   |  |  |  |   |   |  |  |  |  |   |  |
| <input type="radio"/> <b>YES</b> (If yes, mark the program(s) of participation) ▼  |  |  |   |  |  |  |   |   |  |  |  |  |   |  |
| <table border="0"> <tr> <td><input type="radio"/> Medi-Cal / Medicaid: Under Age 65</td> <td><input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP)</td> </tr> <tr> <td><input type="radio"/> Medi-Cal / Medicaid: 65 or older</td> <td><input type="radio"/> Supplemental Security Income (SSI)</td> </tr> <tr> <td><input type="radio"/> Healthy Families Categories A &amp; B</td> <td><input type="radio"/> National School Lunch Program (NSLP)</td> </tr> <tr> <td><input type="radio"/> Women, Infants, and Children Program (WIC)</td> <td><input type="radio"/> Bureau of Indian Affairs General Assistance (BIA GA)</td> </tr> <tr> <td><input type="radio"/> CalWORKs (TANF) or Tribal TANF</td> <td><input type="radio"/> Head Start Income Eligible - Tribal Only</td> </tr> <tr> <td><input type="radio"/> CalFresh / SNAP (Food Stamps)</td> <td></td> </tr> </table> |  |  | <input type="radio"/> Medi-Cal / Medicaid: Under Age 65 | <input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="radio"/> Medi-Cal / Medicaid: 65 or older | <input type="radio"/> Supplemental Security Income (SSI) | <input type="radio"/> Healthy Families Categories A & B | <input type="radio"/> National School Lunch Program (NSLP)                        | <input type="radio"/> Women, Infants, and Children Program (WIC) | <input type="radio"/> Bureau of Indian Affairs General Assistance (BIA GA) | <input type="radio"/> CalWORKs (TANF) or Tribal TANF | <input type="radio"/> Head Start Income Eligible - Tribal Only                                   | <input type="radio"/> CalFresh / SNAP (Food Stamps)               |  |
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| <input type="radio"/> CalFresh / SNAP (Food Stamps)  |  |  |   |  |  |  |   |   |  |  |  |  |   |  |
| <input type="radio"/> <b>NO</b>  |  |  |   |  |  |  |   |   |  |  |  |  |   |  |
| What is your yearly household income (before deductions, including all members of the household)? ▼  |  |  |   |  |  |  |   |   |  |  |  |  |   |  |
| <input type="radio"/> \$0 - \$22,340 <input type="radio"/> \$22,341 - \$30,260 <input type="radio"/> \$30,261 - \$38,180 <input type="radio"/> \$38,181 - \$46,100 <input type="radio"/> \$46,101 - \$54,020   |  |  |   |  |  |  |   |   |  |  |  |  |   |  |
| <input type="radio"/> If more than \$54,020, enter amount here: \$ <input type="text"/> , <input type="text"/> .00 per year  |  |  |   |  |  |  |   |   |  |  |  |  |   |  |
| Please mark your sources of income: ▼  |  |  |   |  |  |  |   |   |  |  |  |  |   |  |
| <table border="0"> <tr> <td><input type="radio"/> Social Security</td> <td><input type="radio"/> Wages and/or Profit from Self Employment</td> <td><input type="radio"/> Spousal or Child Support</td> </tr> <tr> <td><input type="radio"/> SSP or SSDI</td> <td><input type="radio"/> Unemployment Benefits</td> <td><input type="radio"/> Scholarships, grants, or other aid used for living expenses</td> </tr> <tr> <td><input type="radio"/> Pensions</td> <td><input type="radio"/> Insurance or Legal Settlements</td> <td><input type="radio"/> Rental or Royalty Income</td> </tr> <tr> <td><input type="radio"/> Interest or Dividends from: Savings, Stocks, Bonds, or Retirement Accounts</td> <td><input type="radio"/> Disability or Workers Compensation Payments</td> <td><input type="radio"/> Cash or Other Income</td> </tr> </table>   |  |  | <input type="radio"/> Social Security                   | <input type="radio"/> Wages and/or Profit from Self Employment           | <input type="radio"/> Spousal or Child Support         | <input type="radio"/> SSP or SSDI                        | <input type="radio"/> Unemployment Benefits             | <input type="radio"/> Scholarships, grants, or other aid used for living expenses | <input type="radio"/> Pensions                                   | <input type="radio"/> Insurance or Legal Settlements                       | <input type="radio"/> Rental or Royalty Income       | <input type="radio"/> Interest or Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | <input type="radio"/> Disability or Workers Compensation Payments | <input type="radio"/> Cash or Other Income |
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|   |  |
|---|--|
| 3 | <b>Do you agree to the following?</b> Please read and sign below.<br>I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs. |
|   | Signature: <input checked="" type="text"/> _____ Date: <input type="text"/> / <input type="text"/> / <input type="text"/>  |